

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name HAMPTON INN	Telephone Number Est 812-945-2771 Own 812-945-2771	Date of Inspection 07/15/2021	ID#
Address 411 WEST SPRING STREET, NEW ALBANY IN 47150			
Owner NEW ALBANY HOSPITALITY	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 07/25/2021
Owner's Address 411 W. SPRING ST. NEW ALBANY, IN 47150-		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge CARLOTTA LYNCH			
Responsible Person's Email SHANNON.MURPHY@GHS-HOTELS.COM			
Certified Food Handler SHANNON MURPHY			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
324		X		Observed drain leaking under sanitize side of 3 compartment sink. There was a small puddle under the sink.	7/23/21
239		X		Observed single serve spoons, knives, and forks inverted. Utensils need to be facing downward so it can be picked up by the handle.	TODAY

Summary of Violations C 0 NC 2 R 0

Received by (name and title printed):

CARLOTTA LYNCH

Inspected by (name and title printed):

Christa Manus EHS

Received by (signature):

Inspected by (signature):



cc:

cc:

cc: